



# Underground Storage Tank

88480 LS  
8488 wrong #  
C 5730  
db updated  
4/26/99 cmk

Check those activities which apply: ☐ Tightness Testing Checklist  
☐ Retrofit/Repair Checklist  
☒ Cathodic Protection Checklist

The attached Underground Storage Tank (UST) checklists are required for each of the listed activities. The checklists certify that Tightness Testing, Retrofit/Repair and/or Cathodic Protection activities are performed and conducted in accordance with Chapter 173.360 WAC. Complete this form and the corresponding UST checklist for each activity checked above.

See back of form for instructions.

## 1. UST SYSTEM LOCATION AND OWNER

UBI Number: 391 001 455 <sup>1813</sup> Site ID Number: 4-260087  
(UBI # from Master Business License) (Available from Ecology if tank is Registered)

Site/Business Name: Smitty's Conoco #140

Site Address: 102 East Toppenish Avenue Yakima

Toppenish, Washington 98948  
Street City State Zip+4 (required)

Telephone: 509/865-5909

UST Owner/Operator: R.H. Smith

Mailing Address: P.O. Box 6

Grandview, Washington 98930  
Street City State P.O. Box Zip+4 (required)

Telephone: 509/882-3377

## 2. FIRM PERFORMING WORK

Service Company: PETCO Incorporated

Service Co. Address: 210 East Albany Avenue

Kennewick, Washington 99336  
Street City State Zip+4 (required)

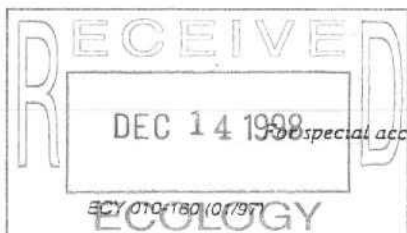
Certified Supervisor: Roderick L. Pardee

Address: 210 East Albany Avenue

Kennewick, Washington 99336  
Street City State P.O. Box Zip+4 (required)

IFIC Certification Number: 0878665-28 Certification Issue Date (Month/Year): 12/97

Telephone: 509/582-1101



Ecology is an equal opportunity and affirmative action employer.  
For special accommodation needs, please contact the Underground Storage Tanks Section at (360) 407-7170.

# Checklist Instructions

After completing these checklist(s), return to: Underground Storage Tank Section  
Department of Ecology  
P.O. Box 47655  
Olympia, WA 98504-7655

## Please Read Carefully

Checklist(s) are to be completed by a Certified UST Supervisor and submitted to Ecology within 30 days of the tank work being performed. The Owner/Operator is responsible for ensuring that the work is performed and that the checklist(s) are submitted to Ecology. Mark the appropriate box(es) for Tank Tightness Testing, Retrofitting/Repair, and/or Cathodic Protection. Complete the appropriate checklist for the UST activity performed. On each checklist, complete the Site ID number and/or the UBI number, site address and site city on each page (if copied on a single side). Submit the cover sheet that contains the site and owner information with the checklist. The checklist should show all tank information that was worked on. For more than four UST systems, please photocopy the checklist prior to completing. Be sure that the Owner or the Authorized Representative AND Certified Supervisor sign the appropriate checklist.

## Cover Sheet

### Site and Owner Information

Fill in the site and owner information. Include the Ecology Site ID number, if known, and/or UBI number (Uniform Business Identification) from the master business license. Also be sure to provide telephone numbers so that any problems can be resolved quickly.

### Firm and Certified Supervisor Information

List the firm performing the work as well as the Certified Supervisor's name and Certification Number. Ask to see the Supervisor's Tightness Testing, Retrofitting/Repair and/or Cathodic Protection IFCI Certification and make sure that the Supervisor signs the appropriate checklist for work performed.

**Please Note:** Individuals performing services MUST be certified by the International Fire Code Institute (IFCI), or other recognized association by which they demonstrate appropriate knowledge pertaining to USTs or have passed another qualifying exam approved by the Department.

## Checklists

The **Tightness Testing Checklist** shall be completed and signed by a Certified Tightness Testing Supervisor. The supervisor shall be on site during all tank tightness testing activities. Up to four tanks per site may be reported on a single checklist; additional tanks will require additional checklists. A Tightness Testing Checklist must be completed for each UST system (tank and associated piping) being tested as well as following most retrofit/repairs.

*The tank owner or operator must report a failed tightness test as a suspected release to UST staff at the appropriate Ecology regional office within 24 hours.*

The **Retrofitting/Repair Checklist** shall be completed and signed by a IFCI Certified Installation and Retrofitting Supervisor. The Certified Supervisor shall be on site when all retrofitting/repair activities are being conducted.

The **Cathodic Protection Checklist** shall be completed and signed by an IFCI Certified Cathodic Protection Supervisor. The Certified Supervisor shall be on site when all cathodic protection activities are being conducted. Retrofitting and/or repairs to a Cathodic Protection system should be indicated on the Cathodic Protection Checklist.

Northwest  
(206) 649-7000

Southwest  
(360) 407-6300

Central  
(509) 574-2490

Eastern  
(509) 456-2926



# Underground Storage Tank

## Cathodic Protection Checklist

LS  
e ID # 4-260087  
Site Address 102 E. Toppenish Ave.  
City Toppenish, Washington

The information provided in this section should reflect the UST system after the completion of cathodic protection installation or retrofit. Provide the following information for each tank that is cathodically protected with impressed current or sacrificial anodes. For more than four UST systems, you may photocopy this form prior to completing.

### I. UST SYSTEM INFORMATION

	Tank 1	Tank 2	Tank 3	Tank 4
1. Tank ID # (tank name registered with Ecology)				
2. Year tank installed				
3. Tank capacity in gallons	8000	6000	4000	—
4. Tank material				
5. Tank coating				
6. Piping construction material				
7. Piping coatings				
8. Year cathodic protection installed	1998	1998	1998	—

### II. CATHODIC PROTECTION INFORMATION

	Tank 1	Tank 2	Tank 3	Tank 4
1. Type of Cathodic Protection (check box)				
Sacrificial Anode (Galvanic)				
Impressed Current	✓	✓	✓	—
Check Box(es)				
2. Type of cathodic protection activity performed				
• Installation of new cathodic protection system	✓	✓	✓	—
• Retrofitting of existing cathodic protection system				
• Repair of existing cathodic protection system				
• Testing	✓	✓	✓	—
Other (describe in space below)				
3. Completion date of activity checked above	1998	1998	1998	—

Site ID # 4-260087

Site Address 102 E. Toppenish Ave.

City Toppenish, Washington

**Cathodic Protection Checklist (continued)**

The following items shall be initialed by the Certified Supervisor whose signature appears below.

All of the following items shall be initialed when cathodic protection systems are installed or retrofitted.

When cathodic protection testing is done solely to evaluate the performance of existing cathodic protection systems on existing UST installations only 10, 11 and 12 are required to be initialed.

**III. CATHODIC PROTECTION INSTALLATION/RETROFITTING**

- |  | Yes                                 | No                       | NA*                      |
|--|-------------------------------------|--------------------------|--------------------------|
| 1. If field-installed, has the cathodic protection system been designed by a person who is: 1) accredited or certified as being qualified by the National Association of Corrosion Engineers or 2) is a registered professional engineer who has certification or licensing that includes education and experience in corrosion control of buried or submerged metal piping systems and metal tanks? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Are the size, type, location and installation of tank and piping anodes in the completed installation/retrofit as specified in the design plans and specifications?   | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Have all existing anodes, anode connections and test leads been inspected and any required repairs or replacements been made?   | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. For impressed current systems, does the installed rectifier meet design specifications?   | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. For impressed current systems, has the rectifier been installed per code and manufacturer's requirements?   | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Are the electrical connections between system components per code and design specifications?  | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Have provisions been made for testing cathodic protection systems or tanks(s) and piping as specified in WAC 173-360-305?   | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. Has the cathodic protection system installation/retrofit been tested after being energized according to applicable criteria in the National Association of Corrosion Engineers Standard RP-02-85?   | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. Has the owner/operator been provided with written documentation of the cathodic protection system installation/retrofit?  | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

**Cathodic Protection Testing**

- |   |                                     |                          |                                      |
|---|-------------------------------------|--------------------------|--------------------------------------|
| 10. Have all cathodic protection systems on tank(s) and piping been tested and inspected and determined to be properly operating according to applicable criteria in National Association of Corrosion Engineers Standard RP-02-85? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>             |
| 11. Has the owner/operator been provided with written documentation of the results of the cathodic protection system inspection and testing?  | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>             |
| 12. List millivolt reading for each tank.   | Tank #1 <u>2.87</u>                 | Tank #2 <u>2.87</u>      | Tank #3 <u>2.87</u> Tank #4 <u>—</u> |

\* Item not applicable

**IV. REQUIRED SIGNATURES**

I hereby attest, that I have been the Certified Supervisor responsible for the above listed cathodic protection activities, and to the best of my knowledge they have been conducted in compliance with all applicable state and federal laws, regulations and procedures, pertaining to underground storage tanks.

Persons submitting false information are subject to formal enforcement and/or penalties under Chapter 173.360 WAC.

Date

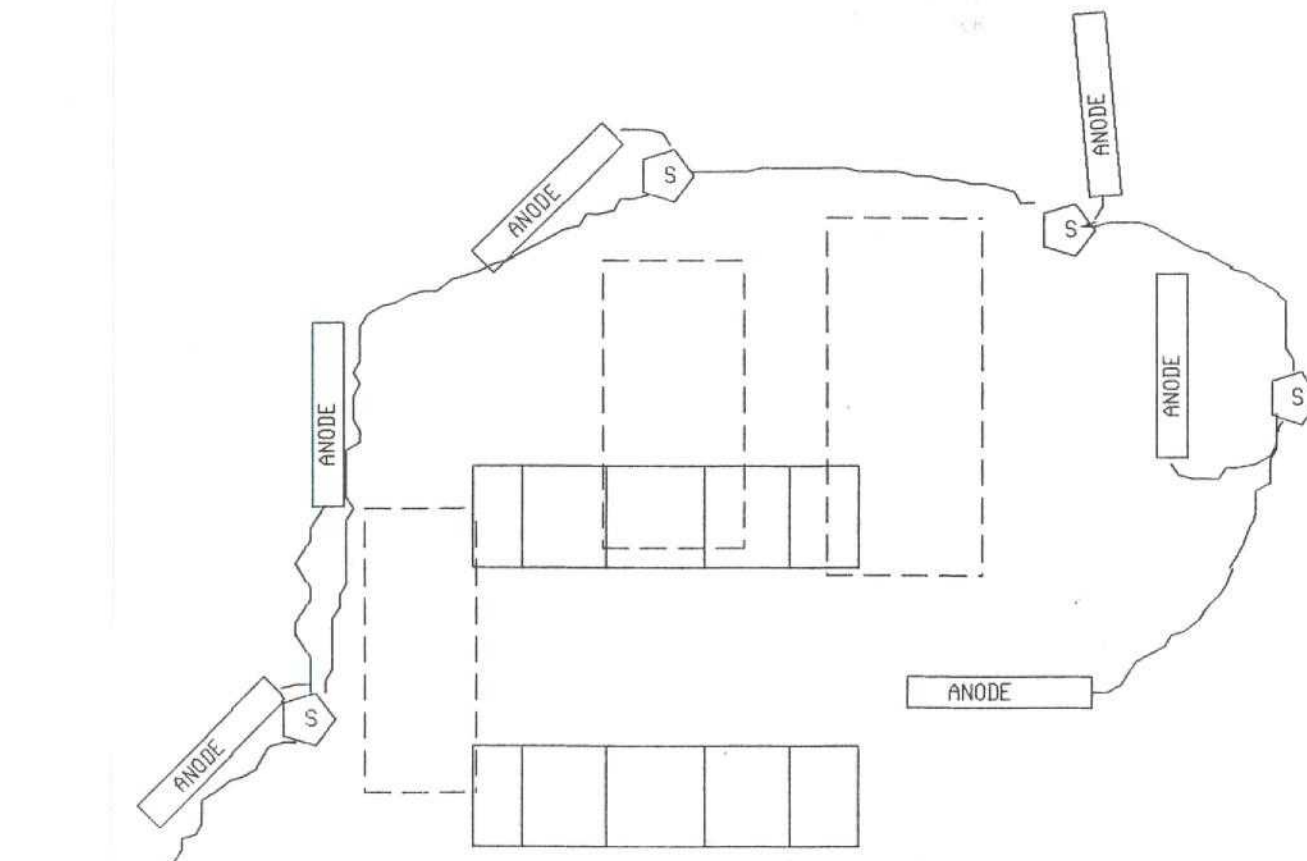
Signature of Certified Supervisor

Print or Type Name

Date

Signature of Tank Owner or Authorized Representative

Print or Type Name



TEST

VENTS

BUILDING

NOTE- NEGATIVE LEAD BONDED TO  
FOUR VENT LINES AND ONE WATER LINE

(-) NEGATIVE  
(+) POSITIVE

RECTIFIER

\*- NOT TO SCALE -\*

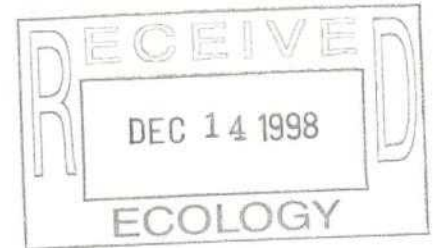
R.H. Smith Distributing  
Smitty's Conoco Toppenish  
Cathodic Protection

FSK #8077-002  
Petco Incorporated  
JAS 11/98



## DOCUMENT TRANSMITTAL

PETCO INCORPORATED  
210 East Albany Avenue  
Kennewick, Washington 99336  
(509)582-1101



To : UNDERGROUND STORAGE TANK SECTION Transmittal # 415  
DEPARTMENT OF ECOLOGY Date: 12/11/98  
P.O. BOX 47655 Reference: 8076, 8077, 8078  
OLYMPIA, WASH. 98504-7655 By: CH

## WE ARE SENDING YOU:

☐ Drawings ☐ \_\_\_\_\_ Report  
☐ Specifications ☐ Letter: \_\_\_\_\_  
☒ Required forms ☐ Other: \_\_\_\_\_

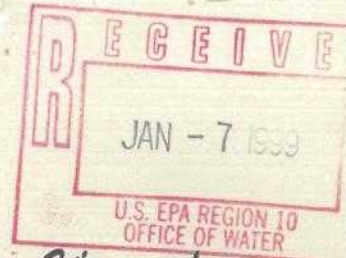
COPIES	DATE	ID NUMBER	DESCRIPTION
<u>1</u>	<u>12/98</u>	<u>008844</u>	<u>HIWAY FRUIT / SUNNYSIDE, WA.</u>
<u>1</u>	<u>12/98</u>	<u>4-260087</u>	<u>SMITTY'S CONOCO / TOPPENUSH, WA.</u>
<u>1</u>	<u>12/98</u>	<u>100444</u>	<u>PIR-A-POP #1 / KENNEWICK, WA.</u>
			<u>Cathodic Protection Checklists</u>

☐ For Your Approval/Use ☐ Make Corrections Noted  
☐ For Review & Comment ☐ Revise and Resubmit  
☒ Reply Requested ☐ \_\_\_\_\_

REMARKS: \_\_\_\_\_

RECEIVED BY: X DATE X

(PINK=FILE; YELLOW=CLIENT; WHITE=SIGNED AND RETURNED TO PETCO)



*info for*  
*4-260087*  
*4-260101*

*It's a pleasure  
to serve you . . .*

We are happy to send the attached material.

Please feel free to call on us any time we may be of further service.



**Joyce M. Smith**  
Environmental Specialist I

Department of Ecology  
Toxics Cleanup Program  
Underground Storage Tanks  
PO Box 47600  
Olympia WA 98504-7600

360/407-7206  
FAX 360/407-7154  
[josm461@ecy.wa.gov](mailto:josm461@ecy.wa.gov)

